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This is a final report of a research program carried out between April, 1980 and September, 1982. The research dealt with indices of subunit functioning in a Naval Health Care Organization and with the effects of perceived reward climate upon individual attitudes and performance.

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Final Report

October 25, 1982



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**Motivational Systems and Individual Performance Among
Health Care Support Personnel**

Work under contract N00014-81-K-0824, NR 170-915 was conducted between April, 1980 and September, 1982. From April, 1980 until August, 1981, work was performed at the Naval Health Research Center in San Diego, California. During this period LCDR Mark C. Butler, MSC, USN served as co-investigator. From September, 1981 to September, 1982, work was performed at the University of Houston. Primary purposes of the research effort were: (a) to develop observable indices of subunit functioning in health care organizations, and (b) assess influences of organizational level policies upon employee perceptions of the organizational reward climate and employee attitudes and performance. These objectives were addressed in related but discrete studies conducted within two separate Naval Regional Medical Centers.

Indices of Subunit Functioning

The first objective was addressed by a three-pronged effort that combined data from interviews and organizational records. A primary concern was to identify consistencies in subunit objectives as well as the processes and activities that were monitored by subunit managers to identify progress toward achieving these objectives. To obtain such data, interviews were conducted with the heads of services, departments and branches within a medium-sized Naval Regional Medical Center (approximately 1,100 employees). Based on responses from 83 health care managers, several aspects of subunit functioning were suggested:

1. Subunit objectives were generally articulated in global terms
(e.g., provide the best possible health care) that did not lead

to directly observable indices of progress toward the objective, involved acquisition of new equipment, personnel or resources, or involved maintenance of existing programs.

2. Indications of progress were frequently negative in nature (i.e., absence of complaints) or involved positive feedback from clients.
3. Systematic differences existed in the type of information monitored by subunits providing clinical, nursing, and administrative/support services, respectively. Archival records, logs, counts and other outcome-based information were used more frequently by managers of subunits providing clinical and administrative/support services. Supervisors of subunits providing nursing care tended to rely more on process-oriented information such as quality and nature of staff communication, staff and patient satisfaction, and patient comfort.

A second part of the effort to develop indices of subunit functioning used archival job descriptions to develop quantitative indices of job demands and requirements within the various subunits (Reports 81-13 and 81-17). Narrative descriptions of all major job types and categories (N = 121 job titles) within the Naval Regional Medical Center were rated using the Position Analysis Questionnaire (PAQ). Ratings were then validated by procedures that closely paralleled those used to develop the PAQ. First, ratings for each job were averaged across raters, the resulting scores were combined to form job dimension scores, and the dimension scores were regressed against GATB abilities estimates obtained from the Dictionary of Occupational Titles. The resulting regression coefficients were quite similar to previously reported validity coefficients for the PAQ. Further, there was evidence that the scores reflected meaningful distinctions and similarities among different positions within the organization. Cluster analyses of the PAQ scores obtained

from the 121 jobs suggested that the wide range of jobs typically found in a Naval Health Care facility could be grouped into eight higher-order clusters and 16 subclusters based on similarities in job demands. The above technique for developing quantitative job analysis scores from narrative data represents a substantial reduction in cost and intrusiveness over similar data acquired by averaging responses across a large number of specific observations obtained from individual incumbents or observation of individual positions.

The third aspect of the effort to identify observable indices of subunit functioning focused on variations of subunit structure identifiable from organizational rosters (Report JONR 82-3). Because the roster for the hospital was machine processable and was updated biweekly, it was possible to investigate many of the dynamic aspects of subunit structure. Further, a restructuring of departments and branches that occurred approximately halfway through the six month study provided evidence about the effects of such change upon traditional measures of anatomical structure and upon the probable time lapse until these characteristics again reached stability following change. The data suggested that traditional measures of anatomical structure are highly stable over short time spans even when there is substantial personnel turnover. Following change the measures return to stability within 6-8 weeks, but the causal cycle of structural change may be in excess of the 6-month cycle studied.

Such efforts provided a set of objectively based indices that may be monitored by organizational administrators to gain a clearer understanding of events within various subunits. Further work is required, however, to relate such events to subunit performance, because of the lack of consensus about

subunit goals.

Organizational Reward Climate

A second phase of work was directed toward understanding the organizational policies and practices that produced a positive reward climate (i.e., a climate that encouraged employees to engage in increased efforts to achieve organizationally desirable goals) or which conversely led to reduced efforts or dysfunctional goal orientations. This phase of effort consisted of two related substudies. The first sought to identify the perceived reward and/or punishment values associated with common supervisor activities and thus provide insight into the basic dimensions that rendered an action rewarding or punishing. The second study sought to determine the degree to which differences in formal organizational incentive systems produced differences in perceived reward climate and subsequently differences in job related attitudes and performance.

The investigation of employee perceptions about the reward/punishment value inherent in various leader behaviors was undertaken with samples of 58 U.S. Navy health care support personnel (Report 81-38) and 171 employed undergraduate students enrolled in industrial/organizational psychology courses at two major state universities (JONR 82-1). These respondents were asked to rate a list of 60 supervisor actions in terms of how rewarding or punishing they personally would find the action if performed by their current supervisor. Components analyses of the responses from these samples suggested that actions viewed as most rewarding were generally actions which possessed: (a) public visibility, (b) tangible outcomes, (c) implied esteem, and (c) long-term implications. Actions which involved personal support or short-term implications were generally viewed as less rewarding.

Components analyses of punishing actions suggested that similar characteristics were related to the degree of perceived punishment although public visibility appeared to be more important than the other characteristics in determining perceived severity.

The study of perceived reward climate investigated the role of differences in organizational reward structures upon individual perceptions (JONR 82-2). Of primary concern was the degree to which organizational reward policies produced an incentive based climate (i.e., encouraged and rewarded behavior that led to organizationally desirable outcomes), versus a reward climate that was demotivating (led to reduced effort toward such goals) or even led to dysfunctional goals. A scenario-based instrument was developed that depicted a number of desirable and undesirable employee behavior patterns. Military and civilian nurses within a large Naval Regional Medical Center were asked to indicate how these behavior patterns would be treated in their organization. These perceptions were related to job attitudes and performance. Because of differences in the basic reward structure experienced by the military versus the civilian nurses (military nurses were rewarded within a tenure-contingent structure while civilian nurses were rewarded within a merit pay structure), various differences were expected in perceived climate and in the effects of perceived climate upon attitudes and performance. More specifically it was hypothesized that civilian nurses would perceive a behavior-contingent reward climate which in turn, would be positively related to job satisfaction, job involvement and job performance. Military nurses, on the other hand, were expected to perceive a reward climate that was not behavior contingent. Thus, job attitudes and performance were expected to reflect individual personality

rather than perceived climate.

Results failed to produce differences in perceptions for the two groups, largely because the military and civilian nurses worked for the same supervisors, within the same workgroups and performed generally similar jobs. Thus, individuals in both groups perceived similar events. Differences were found in the predictor of job attitudes. As expected, the job attitudes of the civilian nurses reflected the perceived reward climate while attitudes of the military nurses reflected individual differences and personality rather than perceived climate. These data suggested that the effects of the perceived reward climate depended upon the degree to which organizational policies made that climate salient to the individual.

Taken together, the findings of these studies provide an increased understanding about the functioning of organizational subunits within the Naval health care community. Further, the data suggest a number of relatively objective indicators of subunit status that are non-intrusive and easily monitored by researchers and managers. These indicators appear to provide a tool for gaining increased understanding of the influences of both subunit structure and organizational policies.

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